IDAHO DEPARTMENT OF
HEALTH & WELFARE

C. L. "BUTCH" OTTER– Governor
RICHARD M. ARMSTRONG – Director

DEBBY RANSOM, R.N., R.H.I.T – Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-6626
FAX: (208) 364-1888

7000 1670 0011 3315 1958

August 21, 2008

Kathy Prophet
Preferred Community Homes Mallard
7091 West Emerald Street
Boise, Idaho 83704

RE: Preferred Community Homes Mallard, Provider #13G032

Dear Ms. Prophet:

Based on the Medicaid/Licensure survey completed at Preferred Community Homes Mallard on August 15, 2008, by our staff, we have determined that Preferred Community Homes Mallard is out of compliance with the Medicaid Intermediate Care Facility for Persons with Mental Retardation (ICF/MR) Condition of Participation on Active Treatment Services (42 CFR 483.440). To participate as a provider of services in the Medicaid program, an ICF/MR must meet all of the Conditions of Participation established by the Secretary of Health and Human Services.

The deficiencies which caused this Condition to be unmet, substantially limit the capacity of Preferred Community Homes Mallard to furnish services of an adequate level or quality. The deficiencies are described on the enclosed Statement of Deficiencies/Plan of Correction (CMS-2567). A similar form indicates State Licensure deficiencies.

You have an opportunity to make corrections of those deficiencies which led to the finding of non-compliance with the Condition of Participation referenced above by submitting a written Credible Allegation of Compliance. Such corrections must be achieved and compliance verified, by this office, before **September 29, 2008. To allow time for a revisit to verify corrections prior to that date, your Credible Allegation must be received in this office no later than September 19, 2008.**

The following is an explanation of a credible allegation:

Credible allegation of compliance. A credible allegation is a statement or documentation:

- Made by a provider/supplier with a history of having maintained a commitment to compliance and taking corrective actions if required.
- That is realistic in terms of the possibility of the corrective actions being accomplished between the exit conference and the date of the allegation, and
- That indicates resolution of the problems.

In order to resolve the deficiencies the facility must submit a letter of credible allegation to the Department, which contains a sufficient amount of information to indicate that a revisit to the facility will find the problem corrected.

As mentioned above, the letter of credible allegation must indicate that the problems have been corrected as of the date the letter is signed. Hence, a plan of correction indicating that the correction(s) will be made in the future would not be acceptable. Please keep in mind that once the Department receives the letter of credible allegation, an unannounced visit could be made at the facility at any time.

Failure to correct the deficiencies and achieve compliance will result in our recommending that the Medicaid Agency terminate your approval to participate in the Medicaid Program. If you fail to notify us, we will assume you have not corrected.

Also, pursuant to the provisions of IDAPA 16.03.11.320.04, Preferred Community Homes - Mallard ICF/MR is being issued a Provisional Intermediate Care Facility for Persons with Mental Retardation license. The license is enclosed and is effective August 15, 2008, through December 15, 2008. The conditions of the Provisional License are as follows:

1. Post the provisional license.
2. Correct all cited deficiencies and maintain compliance.

Please be aware that failure to comply with the conditions of the provisional license may result in further action being taken against the facility's license pursuant to IDAPA 16.03.11.350.

Be advised, that, consistent with IDAPA 16.05.03.300, you are entitled to request an administrative review regarding the issuance of the provisional license. To be entitled to an administrative review, you must submit a written request by **September 22, 2008**. The request must state the grounds for the facility's contention of the issuance of the provisional license. You should include any documentation or additional evidence you wish to have reviewed as part of the administrative review.

Your written request for administrative review should be addressed to:

Randy May, Deputy Administrator
Division of Medicaid -- DHW
P.O. Box 83720
Boise, ID 83720-0036
phone: (208)364-1804
fax: (208)364-1811

If you fail to submit a timely request for administrative review, the Department of Health and Welfare's decision to issue the provisional license becomes final. Please note that issues which are not raised at an administrative review may not later be raised at higher level hearings (IDAPA 16.05.03.301).

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/site/3633/default.aspx

This request must be received by September 3, 2008. If a request for informal dispute resolution is received after September 3, 2008 the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

We urge you to begin correction immediately. If you have any questions regarding this letter or the enclosed reports, please contact me at (208)334-6626.

Sincerely,

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

NW/mlw

Enclosures

Preferred Community Homes

9-10-08

To: Sylvia Creswell, Nicole Wisener
Bureau of Facility Standards

From: Kathy Prophet, Administrator Mallard Landing – Preferred Community Homes

Re: PCH Mallard Landing ICF/MR Letter of Credible Allegation

This is a formal request for a revisit to verify corrections for the Mallard survey, dated August 15, 2008.

Attached is a copy of the plan of correction for the Mallard survey, dated AUGUST 15, 2008. It is believed that corrections have been made for the Condition of Active Treatment Services as of September 19, 2008.

Kathy Prophet
PCH Mallard Landing Administrator
(208) 855-9142

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FORM APPROVED
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G032	A. BUILDING _____ B. WING _____	08/15/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - MALLARD	699 SOUTH OTTER MERIDIAN, ID 83642

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W 000	INITIAL COMMENTS The following deficiencies were cited during the recertification survey. The surveyor conducting the survey was: Monica Williams, QMRP Common abbreviations used in this report are: BMP - Behavior Management Plan IPP - Individual Program Plan PRN - As needed QMRP - Qualified Mental Retardation Professional	W 000	"Preparation and implementation of this plan of correction does not constitute admission or agreement by Mallard Landing with the facts, findings or other statements as alleged by the state agency dated August 15, 2008. Submission of this plan of correction is required by law and does not evidence the truth of any or some of the findings as stated by the survey agency. Mallard Landing – Preferred Community Homes, specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action."	
W 100	440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS "Intermediate care facility services" may include services in an institution for the mentally retarded (hereafter referred to as intermediate care facilities for persons with mental retardation) or persons with related conditions if: (1) The primary purpose of the institution is to provide health or rehabilitative services for mentally retarded individuals or persons with related conditions; (2) The institution meets the standards in Subpart E of Part 442 of this Chapter; and (3) The mentally retarded recipient for whom payment is requested is receiving active treatment as specified in §483.440. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined each recipient for whom payment was requested was not receiving active treatment as specified in 483.440. The findings include:	W 100	**W 100 440.150(c) ICF SERVICES OTHER THAN IN INSTITUTIONS** Refer to 195	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 9-17-08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 100	Continued From page 1 1. Refer to W195 - Condition of Participation for Active Treatment Services not met and related standard level deficiencies.	W 100		
W 117	483.410(d)(1) SERVICES PROVIDED WITH OUTSIDE SOURCES If a service required under this subpart is not provided directly, the facility must have a written agreement with an outside program, resource, or service to furnish the necessary service, including emergency and other health care. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to have a written contract in place with an outside day program to furnish necessary services for 1 of 1 individual (Individual #1) who attended an outside day program. This resulted in an individual not receiving active treatment services. The findings include: 1. When asked about a contract between the facility and Individual #1's outside day program, the Regional Administrator reported on 8/15/08 at 2:30 p.m., there was no contract. 2. Refer to W120 as it relates to the facility's failure to ensure outside services were sufficient to consistently meet an individual's active treatment needs. 3. Refer to W196 and W249 as they relate to the facility's failure to ensure outside services provided an individual with active treatment services.	W 117	**W117 483.410(d)(1) SERVICES PROVIDED WITH OUTSIDE SOURCES** A written a agreement has been developed by Preferred Community Homes and will be used as an agreement with any outside program, resource or service to furnish necessary services, including emergency and other health care. Person Responsible: QMRP Completion Date: 9-19-08	
W 120	483.410(d)(3) SERVICES PROVIDED WITH	W 120		

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W 120	Continued From page 2 OUTSIDE SOURCES The facility must assure that outside services meet the needs of each client. This STANDARD is not met as evidenced by: *Based on observation, record review, and staff* interviews it was determined the facility failed to ensure outside services met the needs for 1 of 1 individual (Individual #1) who attended an off-site day treatment program. This resulted in an individual not being provided with active treatment to meet his identified needs and maximize independent functioning. The findings include: 1. Individual #1's IPP, dated 8/10/07, documented a 59 year old male diagnosed with severe mental retardation and an anxiety disorder with obsessive compulsive features. Individual #1 attended a day program from 9:00 a.m. - 3:30 p.m., Monday through Friday. a. An observation was conducted at the day program on 8/13/08 from 9:00 a.m. - 12:00 p.m. During the observation, the Director of Program Services stated "We want to move [Individual #1] to a smaller room. He is over-stimulated in the large room." When asked when Individual #1 was moving to a smaller room, the Director stated the move was scheduled for 3 weeks ago but did not happen. Individual #1's guardian stated during a meeting on 8/15/08 from 1:00 - 2:15 p.m., Individual #1 used to be in a smaller room and he was not notified that Individual #1 was moved to the large work room. When asked, the QMRP stated during an interview on 8/15/08 from 9:00 - 9:45	W 120	**W120 483.410(d)(3)SERVICES PROVIDED WITH OUTSIDE SOURCES** Individual #1 has been pulled from his current outside service, and is participating in prevocational activities through Preferred community Homes day treatment programs. Outside services in the future when being considered for any clients will include A written contract The QMRP will assure a vocational assessment is completed and accurate. The QMRP will complete outside service training a minimum of 1x per month and assure all data is current and updated both from the home and the outside service provider. The QMRP will document the training from outside service observations and client status monthly on the QMRP tracking summaries. These measures will ensure that all individuals residing at Mallard are provided with an appropriate environment, staffing, and that a vocational assessment is conducted for and serves as a functional basis for the development of vocational activities. Additionally the facility will ensure that all vocational programs are implemented and data is collected as required. Person Responsible: QMRP Completion Date: 9-19-08	

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W 120	Continued From page 3 a.m., she was aware Individual #1 was in the large work room. b. An observation was conducted at the day program on 8/13/08 from 9:00 a.m. - 12:00 p.m. During that time, it was noted there were from 2 - 5 day program staff with 29 - 35 individuals. Individual #1 was not noted to be staffed with a 1:1. During the observation, the Production Supervisor for Work Services stated "[Individual #1] is 1:1. If you don't sit with him he won't do anything and if you sit too close to him, he gets mad. He also goes in to the bathroom a lot." When asked, the QMRP stated during an interview on 8/15/08 from 9:00 - 9:45 a.m., she was not aware of Individual #1's staffing needs at the day program. c. When asked, the Vocational Specialist at the day program stated on 8/13/08 at 12:00 p.m., Individual #1's (program) objectives were to be implemented and scored daily. The Vocational Specialist stated the objectives were to also be implemented throughout the day, as opportunities presented themselves. The Vocational Specialist stated "We don't do vocational assessments, we work off the data." Individual #1's Individual Plan and program data from the day program, dated 8/07 - 7/08, were reviewed and documented data had not been collected in the required frequency as follows: - 8/07: no data - 9/07: no data - 10/07: no copy of data was received	W 120		

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W 120	Continued From page 4 - 11/07: 6 days of data - 12/07: 10 days of data; the Narrative Log included entries such as "did not seem interested in his work, did not let us know he had to use bathroom...did not stay on task...kept leaving work area to sit in corner..." - 1/08: 4 days of data; the Narrative Log included entries such as "did not stay on task...would just sit and look away from his work...continuously left work area...left work floor for a long time..." - 2/08: 5 days of data; the Narrative Log included entries such as "[individual #1] was not on task...left the floor a lot without letting staff know...not interested in work...in bathroom quite a bit..." - 3/08: 5 days of data; the Narrative Log included entries such as "not on task...left floor a lot...a lot of wandering, not much working...refused work..." - 4/08: 6 days of data; the Narrative Log included entries such as "left work area several times...not staying on task...didn't work...off task..." - 5/08: 6 days of data; the Narrative Log included entries such as "left work area several times...not attending to tasks...distracted by others..." - 6/08: 7 days of data; the Narrative Log included entries such as "did a lot of wandering...refused work...no interest to work..." - 7/08: 6 days of data; the Narrative Log included entries such as "off task...left work area many times...would not work unless staff was right next	W 120		

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W 120	Continued From page 5 to him...left quite a few times and did not tell staff...not very interested in work..." When asked, the QMRP stated during an interview on 8/15/08 from 9:00 - 9:45 a.m., she was not aware the day program did not conduct vocational assessments. The QMRP stated she had not looked at Individual #1's day program data. The facility failed to ensure Individual #1 was provided with an appropriate environment and staffing, and that a vocational assessment was conducted for Individual #1 that could serve as a functional basis for the development of his objectives. Further, the facility failed to ensure that his programs were implemented and data was collected as required at the day program. 2. Refer to W196 and W249 as they relate to the facility's failure to ensure outside services provided an individual with active treatment services.	W 120		
W 159	483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL Each client's active treatment program must be integrated, coordinated and monitored by a qualified mental retardation professional. This STANDARD is not met as evidenced by: Based on observations, record review, and staff interviews it was determined the facility failed to ensure the QMRP provided sufficient integration, monitoring, and coordination of the status of 2 of 3 individuals (Individuals #1 and #2) whose records were reviewed. That failure resulted in individuals not receiving the services and	W 159	**W159 483.430(a) QUALIFIED MENTAL RETARDATION PROFESSIONAL** Refer to 195 and 312	

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W 159	Continued From page 6 supports required to meet their needs. The findings include: 1. Refer to W195 - Condition of Participation for Active Treatment Services and related standard level deficiencies as they relate to the facility's failure to ensure the QMRP assured individuals received a continuous active treatment program designed to meet their needs. 2. Refer to W312 as it relates to the facility's failure to ensure behavior modifying drugs were used only as a comprehensive part of an individual's IPP that were directed specifically towards the reduction of and eventual elimination of the behavior for which the drugs were used.	W 159		
W 195	483.440 ACTIVE TREATMENT SERVICES The facility must ensure that specific active treatment services requirements are met. This CONDITION is not met as evidenced by: Based on observations, record review, and staff interviews it was determined the facility failed to ensure that each individual received a continuous active treatment program designed to meet their needs in all relevant settings. This resulted in an individual being placed in an inappropriate work environment, an individual's staffing needs not being addressed or met, a lack of vocational assessment information being available on which to base decisions, a lack of program implementation and data collection as required, and an individual's behavior plan not being revised to reflect his current medical needs. The findings include:	W 195	W195 483.440 ACTIVE TREATMENT SERVICES Refer to 120, 196, 249, 260	

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W 195	Continued From page 7 1. Refer to W120 as it relates to the facility's failure to ensure an outside day program met the identified needs of an individual. 2. Refer to W196 as it relates to the failure of the facility to ensure each individual was provided with continuous and consistent active treatment services in all relevant settings. 3. Refer to W249 as it relates to the facility's failure to ensure each individual received training and services consistent with their IPPs. 4. Refer to W280 as it relates to the facility's failure to ensure an individual's IPP was revised to accurately reflect and respond to his current medical needs.	W 195	~~W196 483.440(a)(1) ACTIVE~~ TREATMENT Refer individual #1 has been pulled from his current outside service, and is participating in prevocational activities through Preferred Community Homes day treatment programs. Individual #1 is now receiving a continuous active treatment program as is all Mallard Landing clients. Outside services in the future when being considered for any clients will include a written contract including active treatment, and health care services. The QMRP will assure a vocational assessment is completed and accurate. The QMRP will complete outside service training a minimum of 1x per month and assure all data is current and updated both from the home and the outside service provider. The QMRP will document the training from outside service observations and client status monthly on the QMRP tracking summaries. These measures will ensure that all individuals residing at Mallard are provided with an appropriate environment, staffing, and that a vocational assessment is conducted for and serves as a functional basis for the development of vocational activities. Additionally the facility will ensure that all vocational programs are implemented and data is collected as required. Person Responsible: QMRP Completion Date: 9-19-08	
W 196	483.440(a)(1) ACTIVE TREATMENT Each client must receive a continuous active treatment program, which includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services described in this subpart, that is directed toward: (i) The acquisition of the behaviors necessary for the client to function with as much self determination and independence as possible; and (ii) The prevention or deceleration of regression or loss of current optimal functional status. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure each individual was provided with continuous and consistent active treatment services in all relevant settings for 1 of 1	W 196		

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W 196	Continued From page 8 individual (Individual #1) who attended an outside day program. This resulted in an individual spending 6 ½ hours per day, 5 days per week at a day program which did not meet his developmental needs. The findings include: 1. Individual #1's IPP, dated 8/10/07, documented a 59 year old male diagnosed with severe mental retardation and an anxiety disorder with obsessive compulsive features. Individual #1 attended a day program from 9:00 a.m. - 3:30 p.m., Monday through Friday. An extended observation was conducted at the day program with the following results. An observation was conducted at individual #1's day program on 8/13/08 from 9:00 a.m. - 12:00 p.m. During that time, Individual #1 was not observed to participate in skill-building or meaningful activity as follows: 9:00 - 9:18 a.m.: Individual #1 sat at the work table, watched others and periodically adjusted the hem of his shirt. At 9:10 a.m., Individual #1 put a piece of foam in a plastic bag and placed the bag in a bin after a staff directed him to do so. Individual #1 continued to sit and watch others and periodically adjusted the hem of his shirt after he completed the task a second time. 9:18 - 9:25 a.m.: Individual #1 was in the bathroom. 9:25 - 10:15 a.m.: Individual #1 sat at the work table, watched others, adjusted the hem of his shirt, and periodically picked his nose. Between 9:30 a.m. and 10:08 a.m., Individual #1 put a piece of foam in a plastic bag and placed the bag	W 196		

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	13G032	A. BUILDING _____ B. WING _____	08/15/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - MALLARD	699 SOUTH OTTER MERIDIAN, ID 83642

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 196	Continued From page 9 in a bin after a staff directed him to do so, eight times. The remainder of the time, individual #1 sat at the work table, watched others, adjusted the hem of his shirt, and periodically picked his nose. 10:15 - 10:25 a.m.: Individual #1 was in the bathroom. 10:26 - 10:30 a.m.: Individual #1 sat at the work table, watched others, adjusted the hem of his shirt, and periodically picked his nose. 10:30 - 10:45 a.m.: Individual #1 was informed it was "break time." He took his lunch bag to the foyer area and sat in the chair by the window. He removed a Nutra-Grain bar and a bottle of soda from his lunch bag. He ate the bar and drank some of the soda. Staff were not noted to prompt or assist him to wash his hands prior to eating his snack. 10:45 - 11:00 a.m.: Individual #1 was in the bathroom. 11:00 - 11:08 a.m.: Individual #1 sat at the work table, watched others, adjusted the hem of his shirt, and periodically picked his nose. 11:08 - 11:15 a.m.: Individual #1 was in the bathroom. 11:15 - 11:40 a.m.: Individual #1 sat at the work table, watched others, adjusted the hem of his shirt, and periodically picked his nose. 11:40 - 11:48 a.m.: Individual #1 was in the bathroom.	W 196		

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W 196	Continued From page 10 11:48 a.m. - 12:00 p.m.: Individual #1 sat at the work table, watched others, adjusted the hem of his shirt, and periodically picked his nose. During the observation noted above, the Director of Program Services stated "[Individual #1] was to be working on assembly skills." When asked about Individual #1's program book from the facility, the Production Supervisor for Work Services stated "It was brought in and the day program staff did not tell anyone about it, then it was lost a few times, and no one knows anything about it." Individual #1's program book from the facility contained the following: His 8/10/07 IPP, 9/18/07 BMP, 9/1/07 communication program, 9/1/07 hand washing program, 9/1/07 self feeding program, and 9/1/07 Dietary Guidelines. When asked, the QMRP stated during an interview on 8/15/08 from 9:00 - 9:45 a.m., she was aware the day program staff were not following Individual #1's program book from the facility and they (the day program staff) would not follow it. 2. Refer to W249 as it relates to the facility's failure to ensure outside services provided an individual with active treatment services. The facility failed to ensure Individual #1 was provided with continuous and consistent active treatment services at his day program.	W 196		
W 249	483.440(d)(1) PROGRAM IMPLEMENTATION As soon as the interdisciplinary team has formulated a client's individual program plan, each client must receive a continuous active treatment program consisting of needed interventions and services in sufficient number	W 249		

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W 249	Continued From page 11 and frequency to support the achievement of the objectives identified in the individual program plan. This STANDARD is not met as evidenced by: Based on observation, record review, and staff interviews it was determined the facility failed to ensure each individual received training and services consistent with their IPP for 1 of 1 individual (Individual #1) who attended a day program. This resulted in an individual not receiving training as specified in his IPP and day program plan. The findings include: 1. Individual #1's IPP, dated 8/10/07, documented a 59 year old male diagnosed with severe mental retardation and an anxiety disorder with obsessive compulsive features. He attended a day program from 9:00 a.m. - 3:30 p.m., Monday through Friday. a. Individual #1's Individual Plan from the day program, dated 8/07, stated staff were to instruct individual #1 to sit back down and verbalize "bathroom" if he attempted to leave the area without asking. During an observation at the day program on 8/13/08 from 9:00 a.m. - 12:00 p.m., individual #1 was noted to leave the work area and go in to the bathroom 5 times. Staff were not noted to instruct individual #1 to sit back down and verbalize "bathroom." b. Individual #1's Individual Plan from the day program, dated 8/07, stated staff were to provide individual #1 with items of different shape and/or color to separate. During an observation at the day program on 8/13/08 from 9:00 a.m. - 12:00	W 249	W249 483.440(d)(1) PROGRAM IMPLEMENTATION Outside services in the future when being considered for any clients will include A written contract The QMRP will assure a vocational assessment is completed and accurate. The QMRP will complete outside service training a minimum of 1x per month and assure all data is current and updated both from the home and the outside service provider. The QMRP will document the training from outside service observations and client status monthly on the QMRP tracking summaries. These measures will ensure that all individuals residing at Mallard are provided with an appropriate environment, staffing, and that a vocational assessment is conducted for and serves as a functional basis for the development of vocational activities. Additionally the facility will ensure that all vocational programs are implemented and data is collected as required. Person Responsible: QMRP Completion Date: 9-19-08	

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W 249	Continued From page 12 p.m., Individual #1 was not noted to be provided with such items. c. Individual #1's Individual Plan from the day program, dated 8/07, stated Individual #1 was to attend to a task such as sorting, collating, bagging, or assembling with verbal instruction. During an observation at the day program on 8/13/08 from 9:00 a.m. - 12:00 p.m., Individual #1 was noted to attend to a task with verbal instruction 8 times. The program was not noted to be consistently implemented throughout the observation. When asked, the Vocational Specialist at the day program stated on 8/13/08 at 12:00 p.m., staff were to implement the above noted objectives when opportunities presented themselves. d. During an observation at the day program on 8/13/08 from 9:00 a.m. - 12:00 p.m., staff were asked about Individual #1's program book from the facility. The Production Supervisor for Work Services stated "It was brought in and the day program staff did not tell anyone about it, then it was lost a few times, and no one knows anything about it." Individual #1's program book from the facility contained the following: His 8/10/07 IPP, 9/18/07 BMP, 9/1/07 communication program, 9/1/07 hand washing program, 9/1/07 self feeding program, and 9/1/07 Dietary Guidelines. When asked, the QMRP stated during an interview on 8/15/08 from 9:00 - 9:45 a.m., she was aware the day program staff were not following Individual #1's program book from the facility and they (the day program staff) would not	W 249		

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W 249	Continued From page 13 follow it. The facility failed to ensure Individual #1 received training as specified in his IPP and day program plan.	W 249		
W 260	483.440(f)(2) PROGRAM MONITORING & CHANGE At least annually, the individual program plan must be revised, as appropriate, repeating the process set forth in paragraph (c) of this section. *This STANDARD is not met as evidenced by:* Based on record review and staff interviews, it was determined the facility failed to ensure an individual's IPP was revised to accurately reflect and respond to his current medical needs for 1 of 3 individuals (Individual #2) whose IPPs were reviewed. This resulted in an individual's BMP not being revised to reflect his current medical needs. The findings include: 1. Individual #2's IPP, dated 12/7/07, documented a 54 year old male diagnosed with severe mental retardation and right side hemiparesis. Individual #2's medical records showed he had a stroke on 2/9/08. His Physician Orders, dated 3/08 and 6/08, stated "Avoid restraints to upper left arm." However, Individual #2's BMP, dated 7/7/08, showed a "one person 2 arm standing restraint" was approved. When asked, both the Administrator and QMRP stated during an interview on 8/15/08 from 9:00 - 9:45 a.m., they were not aware of the Physician	W 260	**W260 483.440(f)(2) PROGRAM MONITORING & CHANGE** A behavior assessment will be completed to reflect and respond to individual #2's current medical needs. Completed 9-12-08 Person responsible: Behavior Specialist Based on the revised behavior assessment the physician will be contacted and all physical restraints will be assessed and approved by a Dr. The BMP will then be revised to reflect the changes, and monthly meetings will be held to review changes in any client status. Completed by 9-19-08 Person Responsible: QMRP	

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W 260	Continued From page 14 Orders and the BMP needed to be revised. The facility failed to ensure Individual #2's BMP was revised when his medical status changed.	W 260		
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of the individual's IPP that were directed specifically towards the reduction of and eventual elimination of the behavior for which the drugs were used for 1 of 2 individuals (Individual #2) whose behavior modifying drugs were reviewed. This resulted in an individual receiving a behavior modifying drug without an appropriate plan that identified drug usage and how it may change in relation to progress or regression. The findings include: 1. Individual #2's IPP, dated 12/7/07, documented a 54 year old male diagnosed with severe mental retardation. His Physician Orders, dated 3/08 and 6/08, stated he received Xanax (an anti-anxiety drug) 0.5 mg PRN 1 - 3 tablets 1½ hours prior to medical and dental appointments. His Medication Administration Record, dated 5/27/08 and 6/19/08, showed he received Xanax PRN for a dental examination and a medical	W 312	W312 483.450(e0(2) DRUG USAGE Individual #2's medication Xanax has been added to his med reduction plan. Monthly behavior meetings will occur and all medications will be reviewed where by ensuring that drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drug is employed. Person Responsible: QMRP Completion Date: 9-19-08	

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W 312	Continued From page 15 appointment. When asked, both the Administrator and QMRP stated during an interview on 8/15/08 from 9:00 - 9:45 a.m., there was no plan to reduce Xanax; it was an oversight. The facility failed to ensure a plan to reduce the use of Xanax PRN was developed for Individual #2.	W 312		

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MM197	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Refer to W312.	MM197	MM197 16.03.11.075.10(d) WRITTEN PLANS refer to 312	
MM212	16.03.11.075.17(a) Maximize Developmental Potential The treatment, services, and habilitation for each resident must be designed to maximize the developmental potential of the resident and must be provided in the setting that is least restrictive of the resident's personal liberties; and This Rule is not met as evidenced by: Refer to W195, W196, and W249.	MM212	MM212 16.03.11.075.17 (a) MAXIMIZE DEVELOPMENTAL POTENTIAL refer to W195, W196, and W249	
MM512	16.03.11.200 Administration The administration of ICF/MR facilities must provide for individual program planning, implementation and evaluation. Individual programs must be based on relevant assessment of needs and problems and must reflect the participation of the individual, the service providers, and where possible, the individual's family or surrogate. Individual program planning must include provisions for total program coordination and continuous, self-correcting processes for review and program revision. Programming for individuals must incorporate the resident's legal rights of due process, appropriate care, training and treatment. This Rule is not met as evidenced by: Refer to W100.	MM512	MM512 16.03.11.200 ADMINISTARTION refer to W100	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE 9-17-08

STATE FORM 6899 PXB811 If continuation sheet 1 of 2

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MM725	Continued From page 1	MM725	MM725 16.03.11.270.01(b) QMRP refer to 159	
MM725	16.03.11.270.01(b) QMRP The QMRP is responsible for supervising the implementation of each resident's individual plan of care, integrating the various aspects of the program, recording each resident's progress and initiating periodic review of each individual plan for necessary modifications or adjustments. This function may be provided by a QMRP outside the facility, by agreement. This Rule is not met as evidenced by: Refer to W159.	MM725		
MM859	16.03.11.270.08(f)(i) Supervision of Training and Habilitation Supervision of delivery of training and habilitation services integrating various aspects of the facility's program; and This Rule is not met as evidenced by: Refer to W117 and W120.	MM859	MM859 16.03.11.270.08(f)(i) SUPERVISION OF TRAINING AND HABILITATION refer to W117 and W120	
MM861	16.03.11.270.08(f)(iii) Periodic Review Initiating periodic review of each individual plan of care for necessary modifications or adjustments. This Rule is not met as evidenced by: Refer to W260.	MM861	MM861 16.03.11.270.08(f)(iii) PERIODIC REVIEW refer to W260	